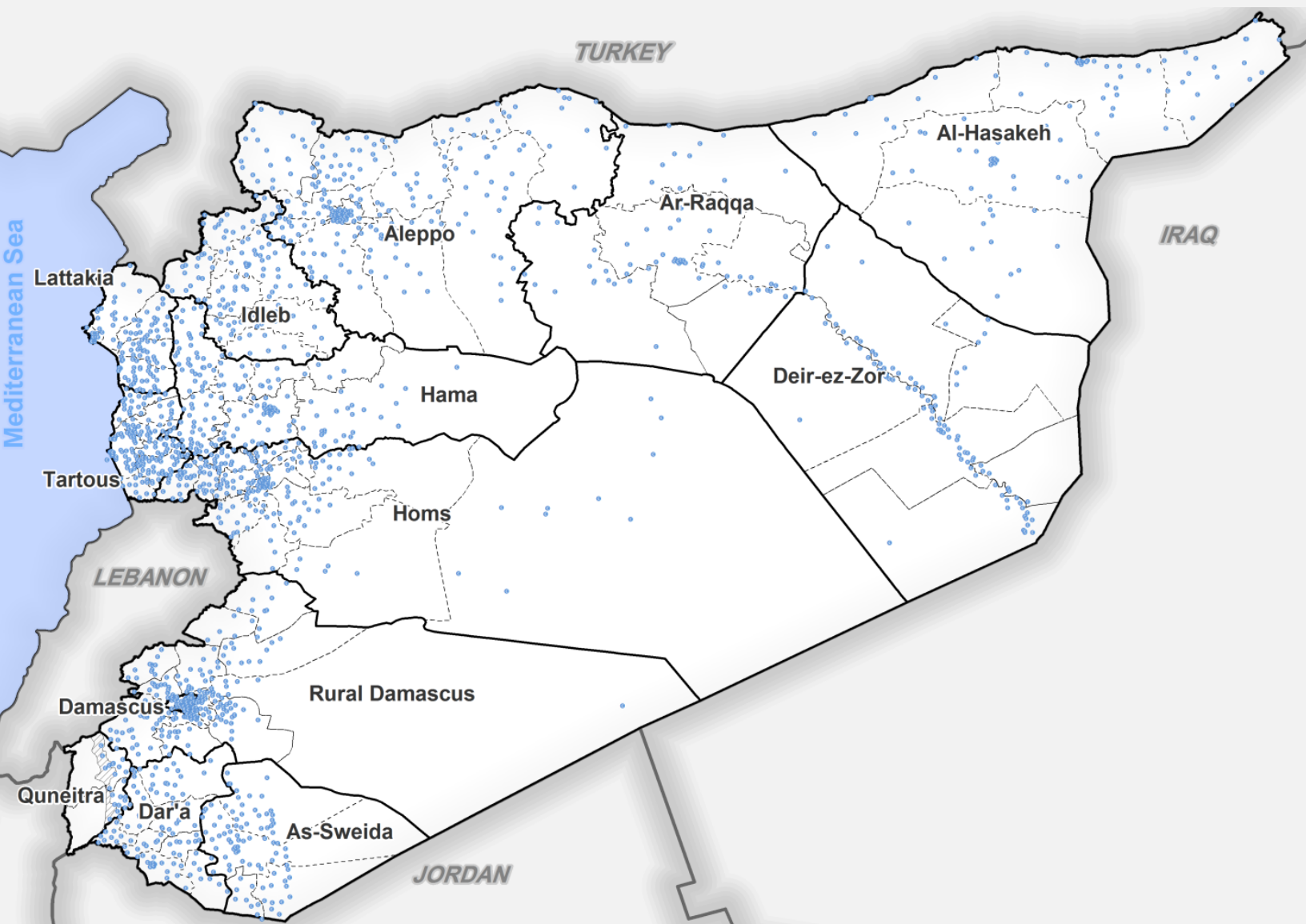


# HeRAMS | Public Health Centres Annual Report 2014



This is to acknowledge that the data provided in this report is a product of joint collaboration between the World Health Organization Ministry of Health in the Syrian Arab Republic. The report covers the months of January to December 2014.

## Contents

Executive summary .....	3
1. Completeness of reporting .....	4
2. Functionality of the health centres.....	5
3. Accessibility to health centres .....	7
4. Infrastructure patterns of health centres .....	9
4.1 Water sources and functionality status .....	11
4.2 Availability of Generators .....	12
4.3 Availability of Refrigerators .....	12
5. Severity ranking of Health Situation .....	13
6. Availability of Health Human Resources.....	15
7. Availability of Health Services.....	18
8. Availability of Medical Equipment .....	19
9. Availability of Priority Medicines .....	21

## Executive summary

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Regular assessments to monitor the impact of the crisis on the health facilities functionality, accessibility, condition status, availability of resources and services, have been conducted using **HeRAMS** (Health Resources & services Availability Mapping System) tool.

This report provides descriptive analysis of the situation of the public health centres of MoH (Ministry of Health), from all 14 governorates of Syria, during the 4<sup>th</sup> Quarter 2014. The total reported number of public health centres has increased in the 4<sup>th</sup> Quarter to reach **1,776** compared to **1,750** in the 3<sup>rd</sup> Quarter and **1,744** in the 1<sup>st</sup> & 2<sup>nd</sup> Quarter 2014.

Completeness of reporting of health centres has continued to improve noticeably in the 4<sup>th</sup> Quarter to reach 96%, compared to 92% in the 3<sup>rd</sup> Quarter, 90% in the 2<sup>nd</sup> Quarter, and 76% in the 1<sup>st</sup> Quarter 2014.

### Functionality status of the health centres

By end of the 4<sup>th</sup> Quarter 2014, 48% (862) were reported fully functioning, 26% (466) were reported partially functioning, 22% (385) were reported non-functioning (completely out of service), while the functionality status of 4% (63) of health centre were unknown.

### Accessibility status

By end of the 4<sup>th</sup> Quarter 2014, 79% (1,397) of the health centres were accessible to patients and staff, 0.3% (5) hard to reach, 19% (342) inaccessible, while the accessibility status of 2% (32) health centres were unknown.

### Infrastructure of Health Centres

By end of the 4<sup>th</sup> Quarter 2014, 22% (387) of the health centres were reported damaged (4% fully damaged and 18% partially damaged), 66% (1,177) intact, while the building's condition of 12% (212) health centres were unknown.

### Human Resources

By end of the 4<sup>th</sup> Quarter 2014, the proportions of different categories of health staff, among the total functional (fully and partially) health centres (1,328 /1,776), remained almost the same as 3<sup>rd</sup> Quarter 2014. The resident doctors represented 1% of total health staff at centres' level, followed by general practitioners (4%); specialists (7%); dentists (9%); midwives (9%); technicians (23%); and nurses (47%).

### Health Services

The availability of core health services is monitored through HeRAMS at health centre's level, considering a standard list of health services [includes: General Clinical and Emergency Services, Child Health, Nutrition, Sexual & Reproductive Health, Non-communicable Diseases and Mental Health].

As a result of disrupted healthcare delivery, limited provision of many health services, even within the functional health centres were observed.

### Medical Equipment

Analysis of availability of essential equipment has been measured across all functioning health centres [fully and partially functioning] (1,328 /1,776), in terms of functional equipment out of the total available equipment in the health centre, which provide good indication for the readiness of the health centres to provide health services, compared to the situation prior to the crisis.

### Priority Medicines

Availability of medicines and consumables at health centres' level has been evaluated based on a standard list of identified priority medicines and medical supplies for duration of one quarter. Gaps of medicines and medical supplies are identified even within the functional health centres (i.e., gap of 72% gap of Anti-diabetic preparations, 69% of Cardiac and /or Vascular Drugs, 63% of Antibiotics, 55% of Anti-allergic including Steroids, and 55% of ORS).

## 1. Completeness of reporting

Completeness of reporting of health centres has continued to improve noticeably in the 4<sup>th</sup> Quarter to reach 96%, compared to 92% in the 3<sup>rd</sup> Quarter, 90% in the 2<sup>nd</sup> Quarter, and 76% in the 1<sup>st</sup> Quarter 2014 [Figure 1].

The total reported number of public health centres has increased in the 4<sup>th</sup> Quarter to reach **1,776** compared to **1,750** in the 3<sup>rd</sup> Quarter and **1,744** in the 1<sup>st</sup> & 2<sup>nd</sup> Quarter 2014.

The variation of the total number of assessed health centres was mainly due to newly established or re-accredited health centres by MoH, or permanently closed health centres [i.e., end of rental contract of the building, decision from policy makers, centres classified as administrative centres (only provide administrative service and not as health centres)]. Details of the new/ closed-down health centres are available upon request.

The classification of health centres is presented in Figure 2, of which majority are Primary Healthcare Centres (85%), followed by medical points (8%), specialized centres (5%), and comprehensive/ polyclinics (2%).

Completeness of reporting of health centres at governorate level is presented in Figure 3.

The gaps of reporting were observed in Aleppo, Rural Damascus, Homs, Hama and Idleb governorates, which were due to security situation and accessibility challenges.

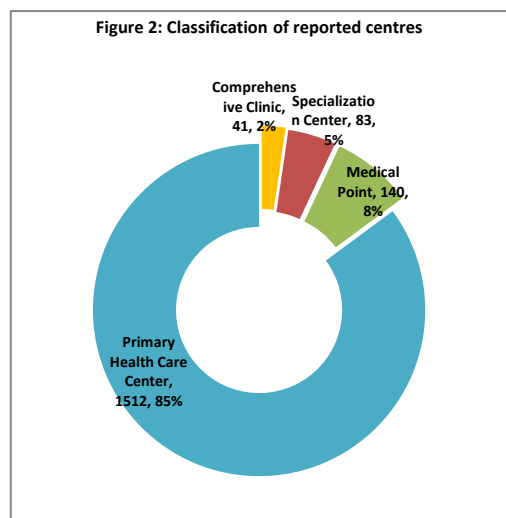
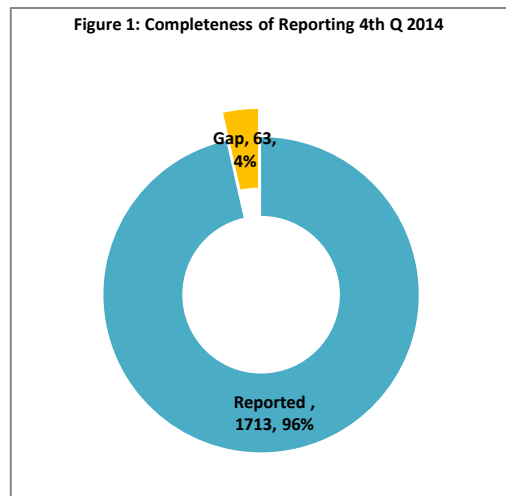
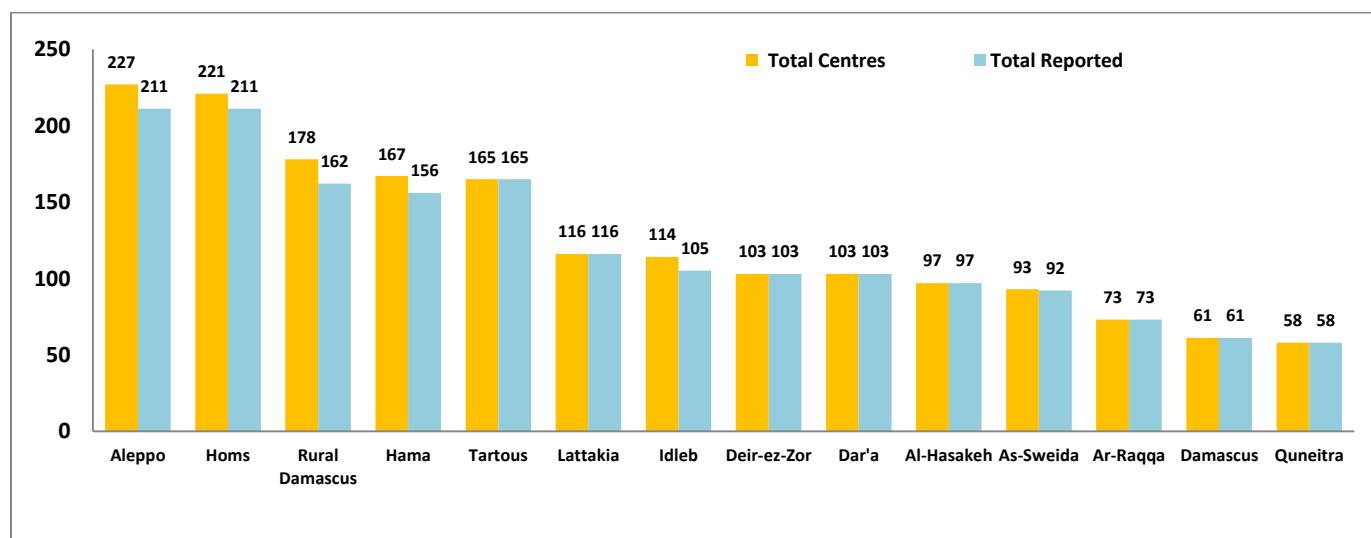


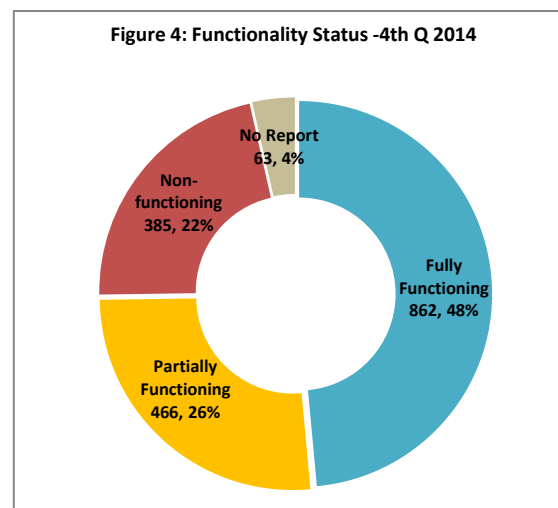
Figure 3: Completeness of reporting of health centres at governorate level, 4<sup>th</sup> Quarter 2014



## 2. Functionality of the health centres

Functionality of the health centres has been defined and assessed at three levels;

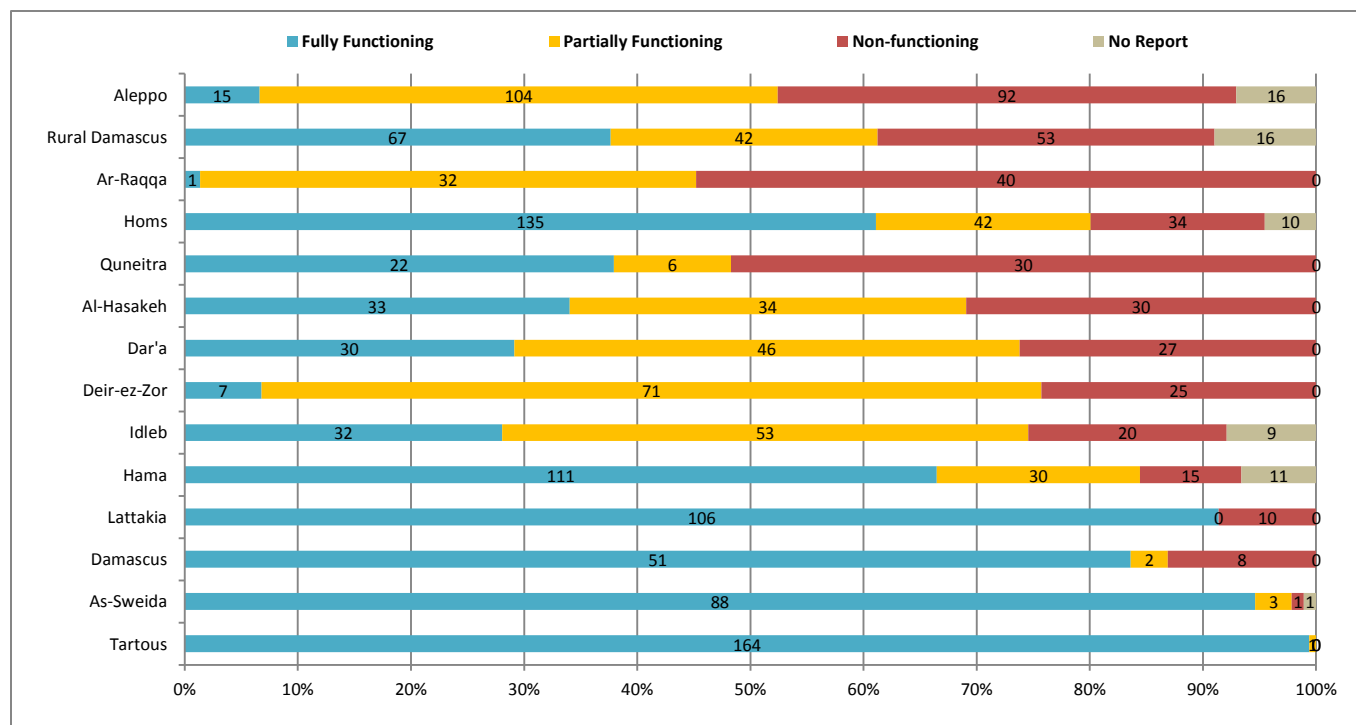
- ◆ **Fully Functioning:** a health centre is open, accessible, and provides healthcare services with full capacity (i.e., staffing, equipment, and infrastructure).
- ◆ **Partially functioning:** a health centre is open and provides healthcare services, but with partial capacity (i.e., either shortage of staffing, equipment, or damage in infrastructure).
- ◆ **Not functioning:** a health centre is out of service, because it is either fully damaged, inaccessible, no available staff, or no equipment.



By end of the 4<sup>th</sup> Quarter 2014, and out of the 1,776 assessed health centres, 48% (862) were reported fully functioning, 26% (466) were reported partially functioning, 22% (385) were reported non-functioning (completely out of service), while the functionality status of 4% (63) of health centre were unknown (health centres from Rural Damascus, Aleppo, Idleb, Homs, Hama), [Figure 4].

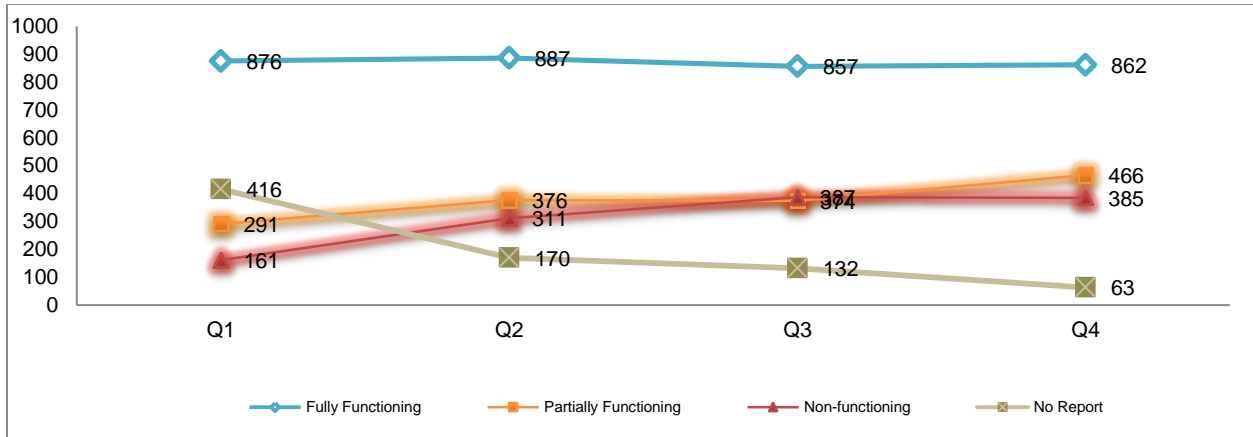
Detailed analysis on the functionality status of the health centres at governorate level is presented in [Figure 5].

**Figure 5: Functionality status of health centres per governorate, 4<sup>th</sup> Quarter 2014**

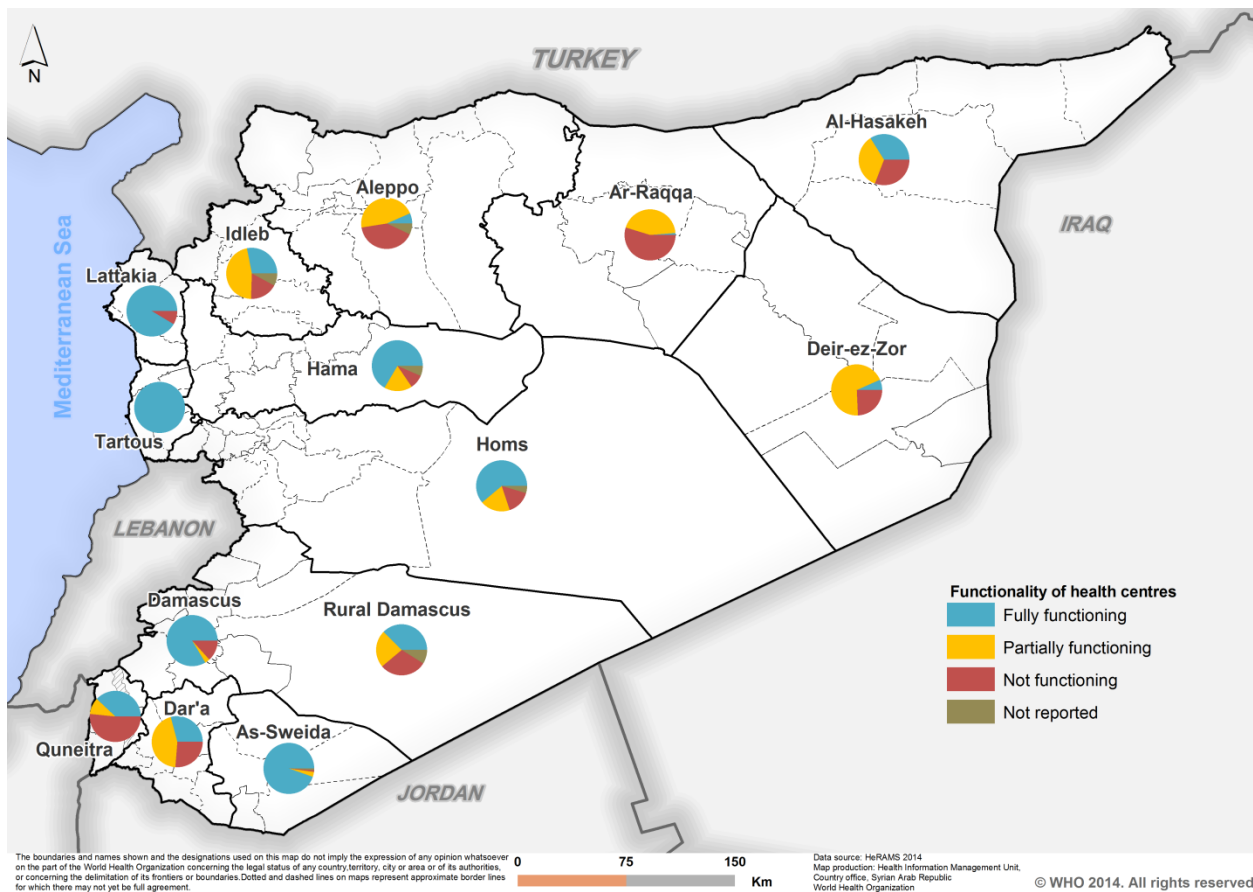


Trend analysis of functionality status of health centres by Quarter, is presented in Figure 6.

**Figure 6: Trend analysis of functionality status of health centres by Quarter, 2014**



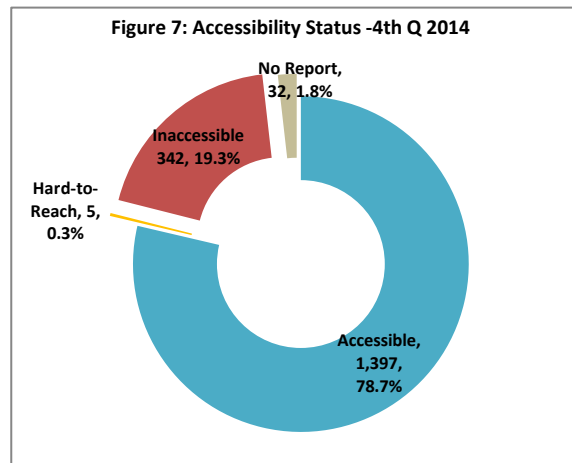
**Map 1: Functionality status of the health centres, per governorate, 4<sup>th</sup> Quarter 2014**



### 3. Accessibility to health centres

Accessibility to health centres is defined at three levels:

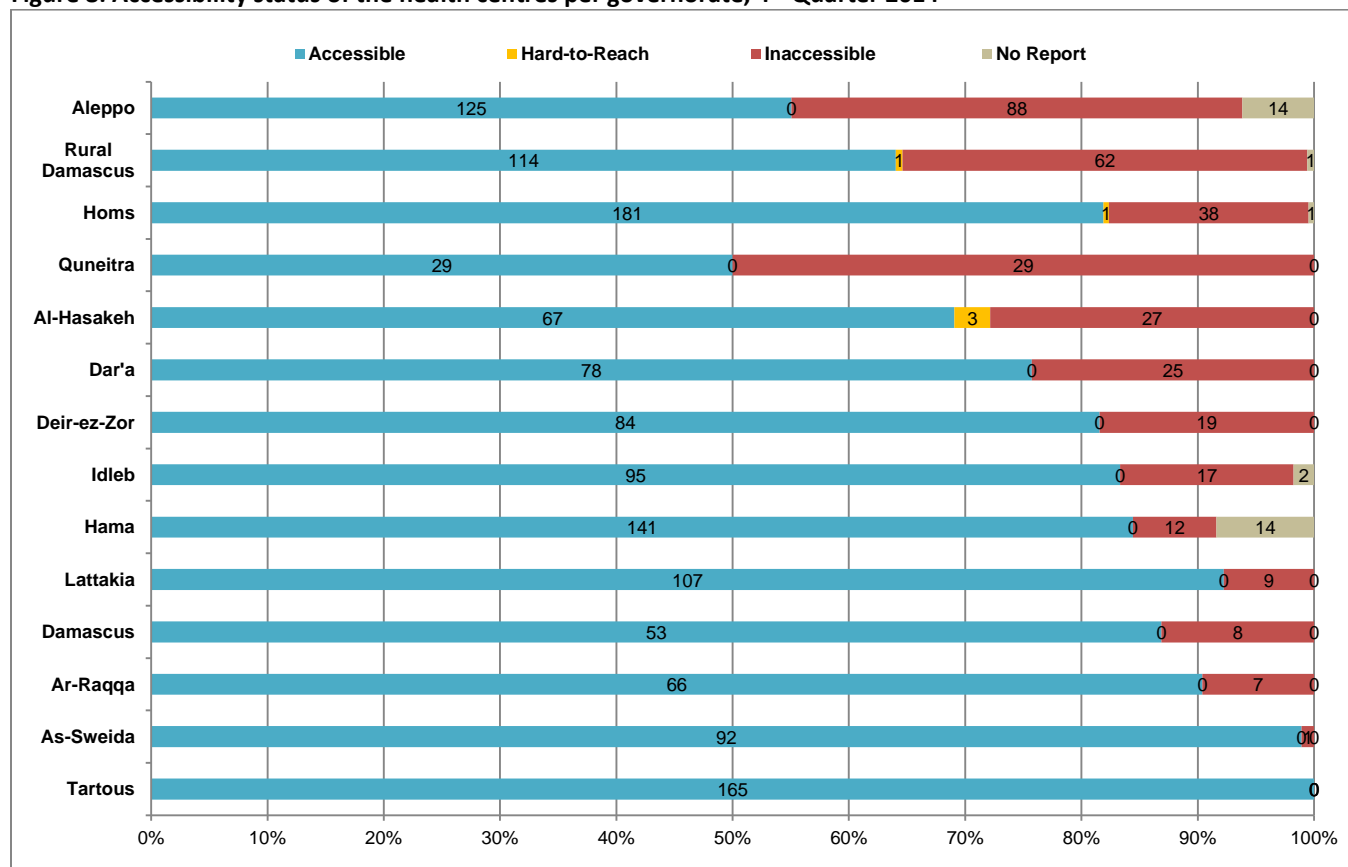
- ◆ **Accessible:** a health centre is easily accessible for patients and health staff.
- ◆ **Hard-to-reach:** a health centre is hardly reached, due to security situation or long distance.
- ◆ **Inaccessible:** a health centre is not accessible because of the security situation, or a centre is accessible only to a small fraction of the population, or military people (inaccessible to civilians).



By end of the 4<sup>th</sup> Quarter 2014, 79% (1,397) of the health centres were accessible to patients and staff, 0.3% (5) were hard to reach, 19% (342) were inaccessible, while the accessibility status of 2% (32) health centres were unknown [Figure 7].

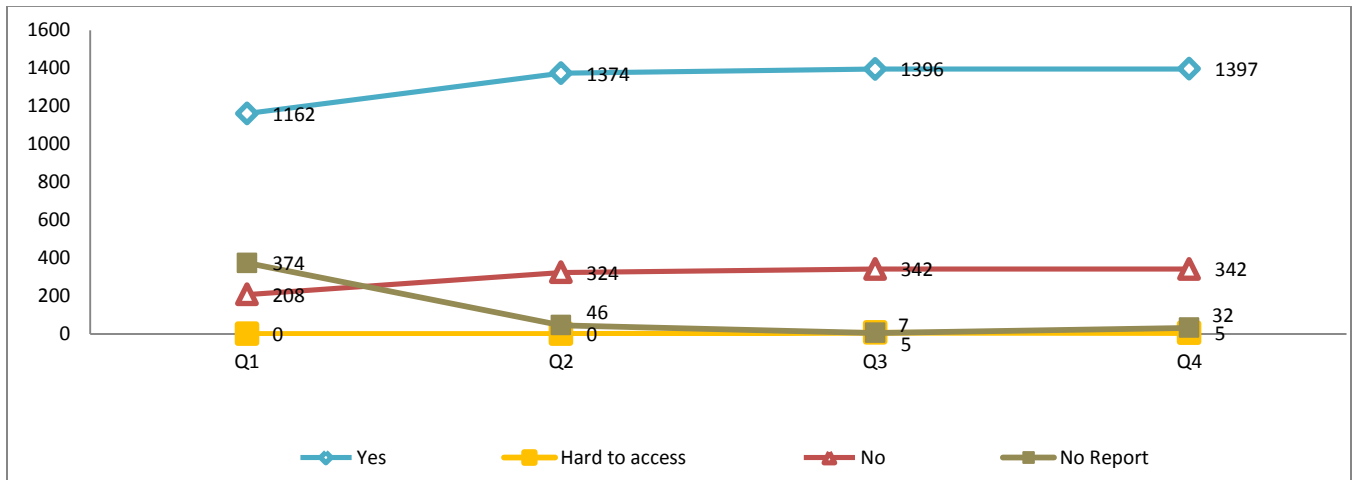
Detailed analysis on the accessibility status of the health centres at governorate level, is presented in [Figure 8].

Figure 8: Accessibility status of the health centres per governorate, 4<sup>th</sup> Quarter 2014

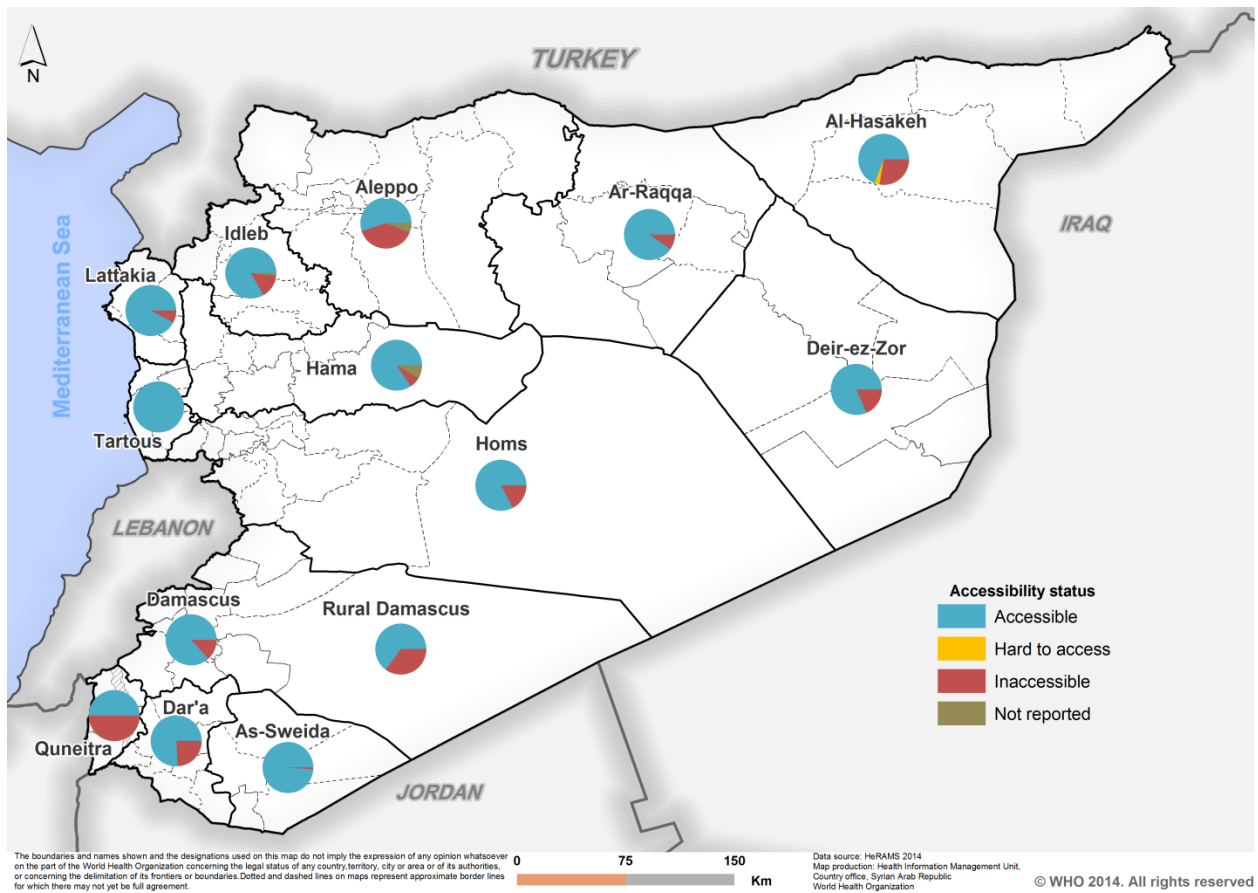


Trend analysis of accessibility status of health centres by Quarter, is presented in Figure 9.

**Figure 9: Trend analysis of accessibility status of health centres by Quarter, 2014**



**Map 2: Accessibility status of the health centres per governorate, 4<sup>th</sup> Quarter 2014**



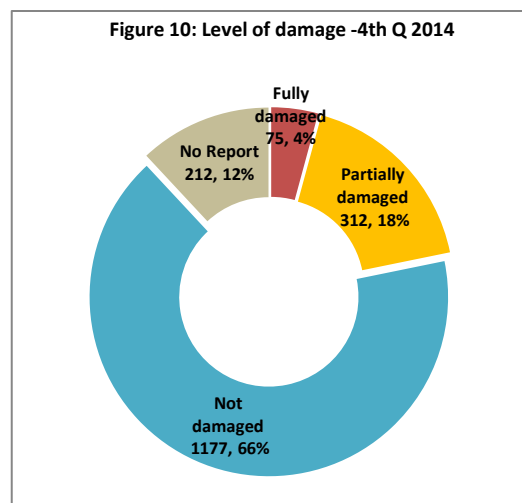


## 4. Infrastructure patterns of health centres

The level of damage to health centres' buildings has been measured at three levels:

- ◆ Fully damaged, either, all the building is destroyed, about 75% or more of the building is destroyed, or damage of the essential services' buildings.
- ◆ Partially damaged, where part of the building is damaged.
- ◆ Intact, where there is no damage in the building.

By end of the 4<sup>th</sup> Quarter 2014, 22% (387) of the health centres were reported damaged (4% fully damaged and 18% partially damaged), 66% (1,177) intact, while the building's condition of 12% (212) health centres were unknown [Figure 10].

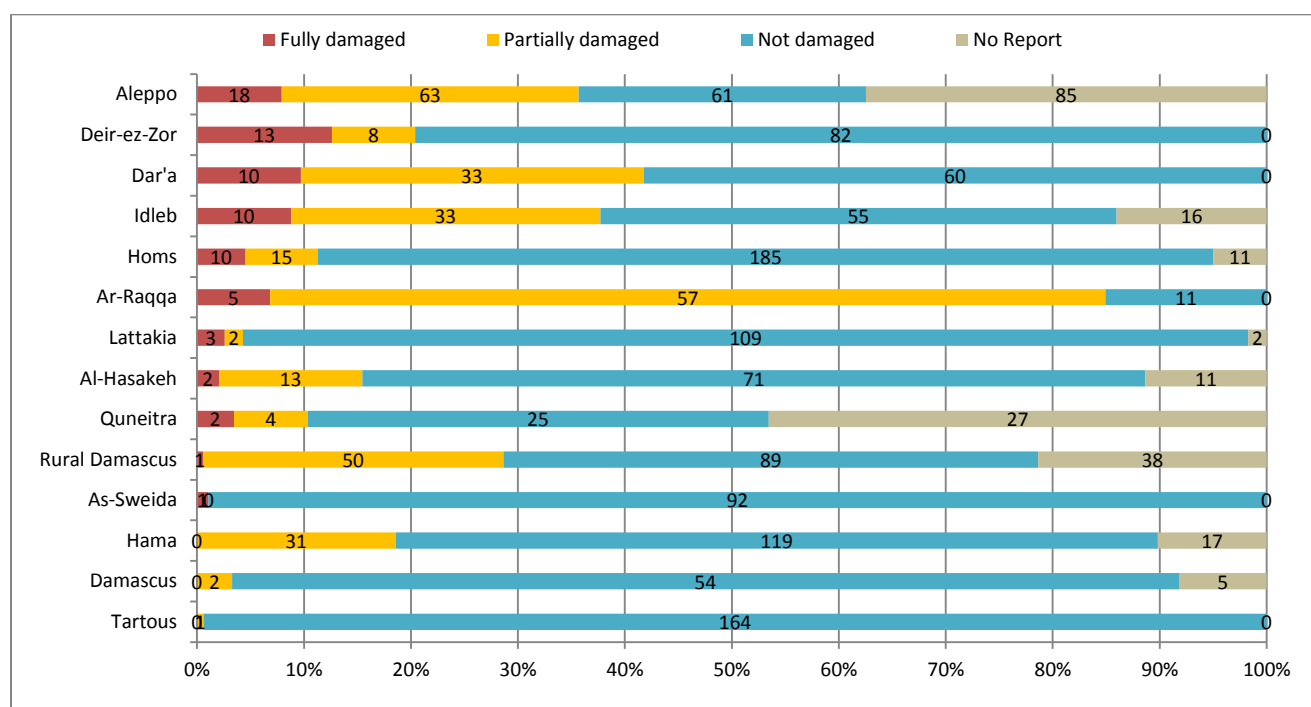


Improvement of the reporting has flagged the increase of the number of fully damage centres from 39 to 75 and at the same time increase of intact health centres from 1,063 to 1,177 between 3<sup>rd</sup> and 4<sup>th</sup> Quarter 2014.

Key gaps on reporting the levels of damage of the health centres are observed in Aleppo 40% (85/212), Rural Damascus 18% (38/212) and Quneitra 13% (27/212).

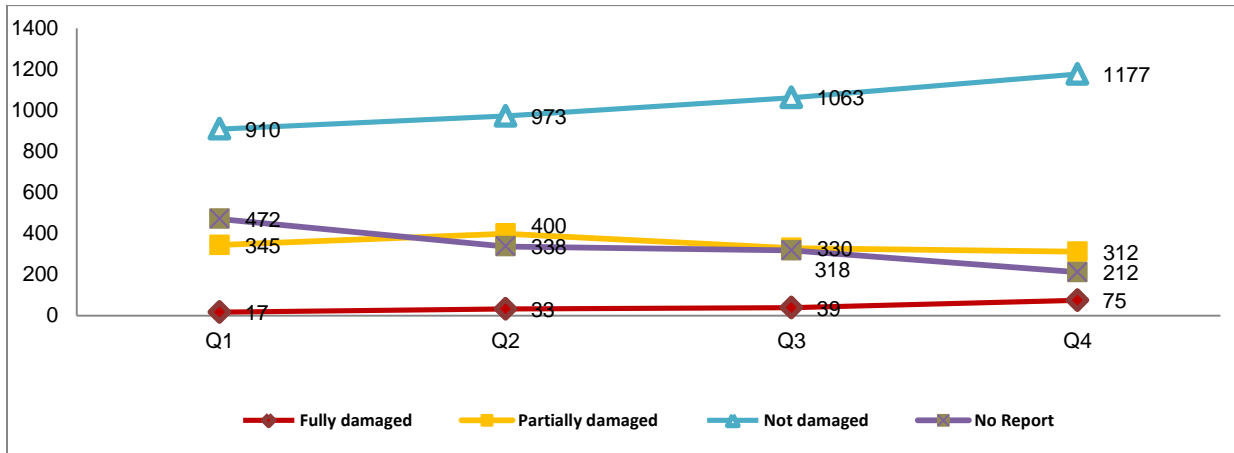
Detailed analysis on the damaged status of the health centres at governorate level is presented in [Figure 11].

Figure 11: Damaged status of the health centres per governorate, 4<sup>th</sup> Quarter 2014

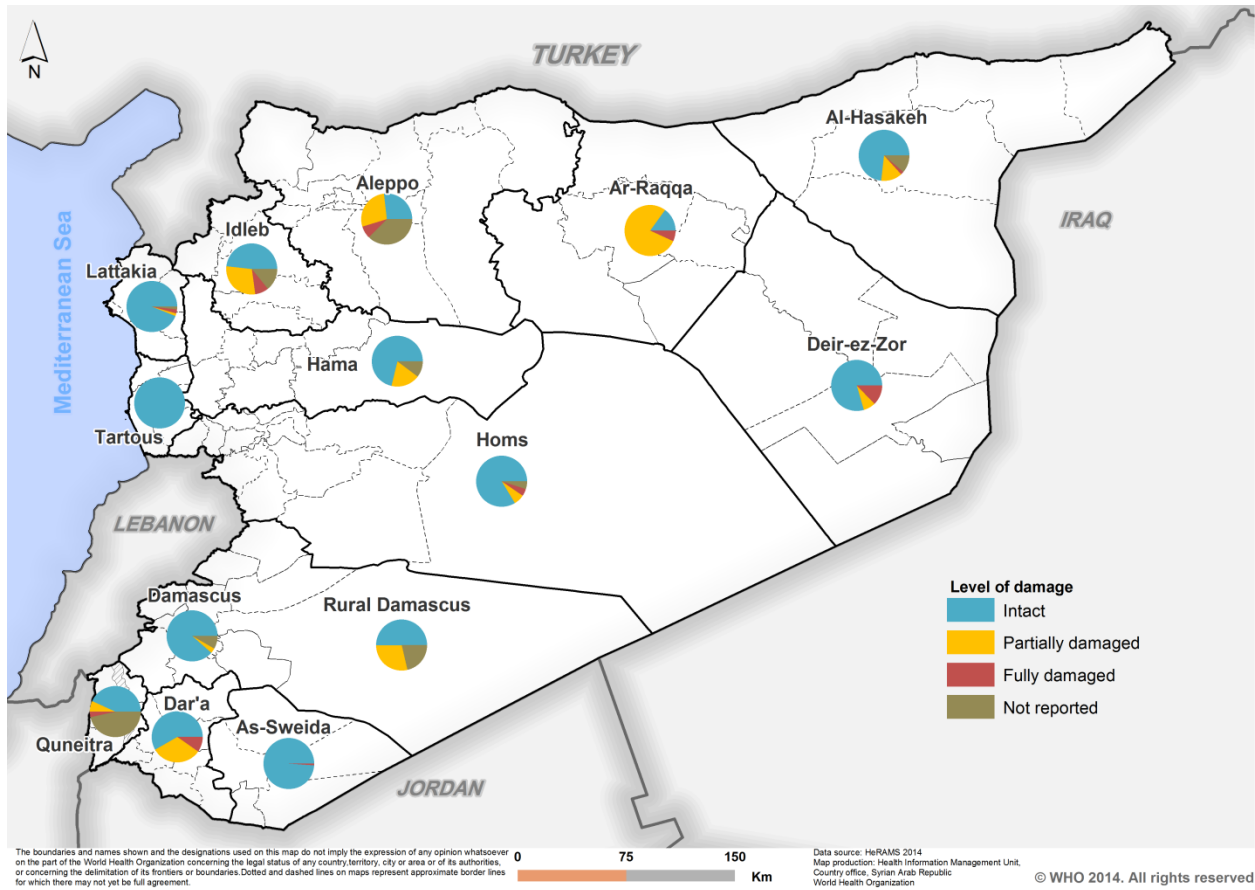


Trend analysis of the level of damage (building condition) of health centres by Quarter is presented in Figure 12.

**Figure 12: Trend analysis of level of damage (building condition) of health centres by Quarter, 2014**



**Map 3: Damaged status of the health centres, per governorate, 4<sup>th</sup> Quarter 2014**

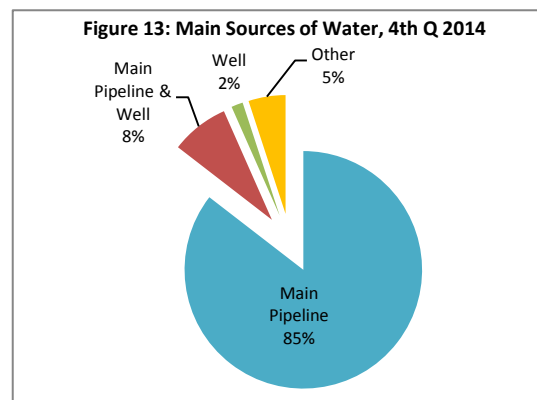


## 4.1 Water sources and functionality status

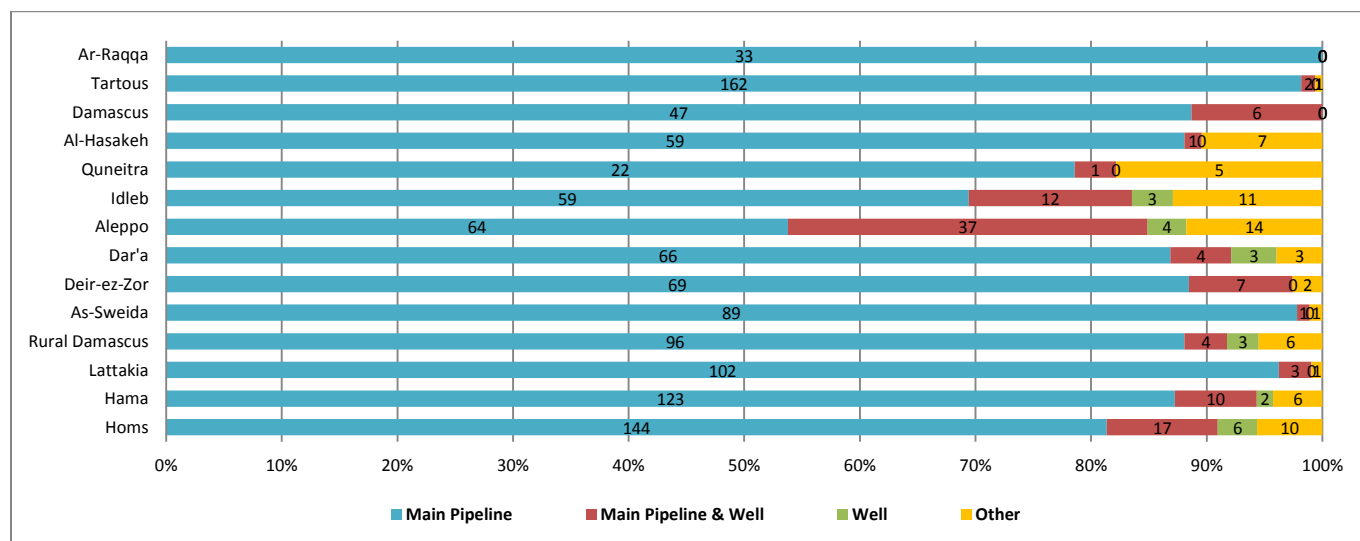
Availability of water sources at health centres was assessed using a standard checklist of main types of water sources, that is main pipeline, well, or both (main pipeline and well).

By end of the 4<sup>th</sup> Quarter 2014 and among the total functional (fully and partially) health centres (1,328 /1,776), 85% (1,135) are using the main pipeline, 2% (21) are mainly using wells, while 8% (105) are using both (main pipeline and well) [Figure 13].

Detailed analysis on distribution of water sources at functional public hospitals is presented at governorate level on [Figure 14].

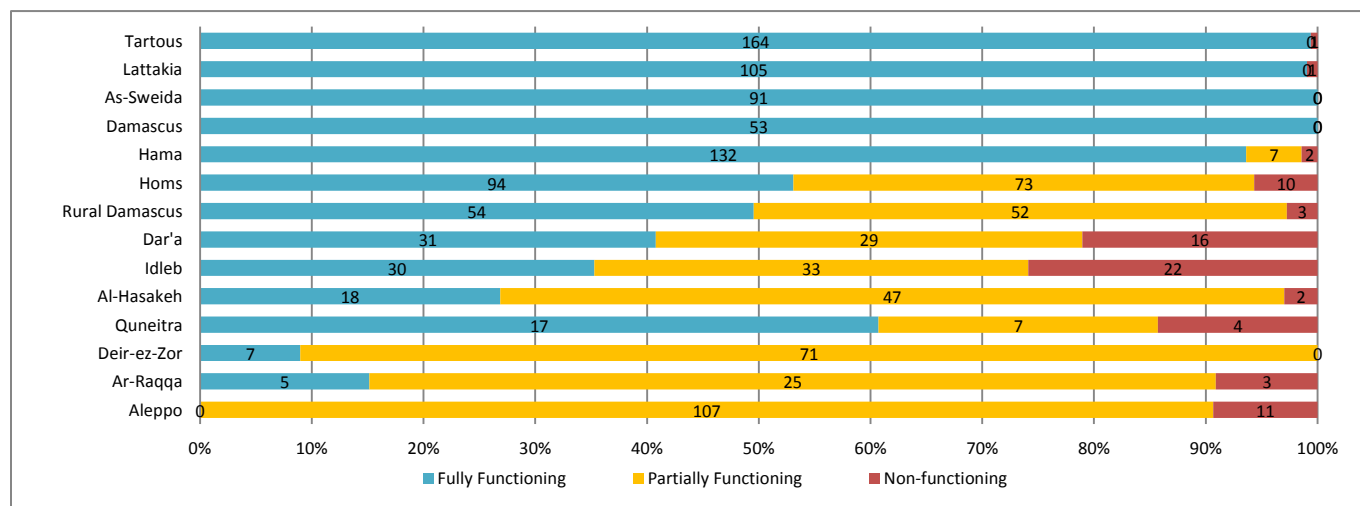


**Figure 14: Distribution of water sources/ types at functional health centres per governorate, 4<sup>th</sup> Quarter 2014**



Functionality status of the water sources was measured at three levels; fully functional, partially functional, and not functional. Figure 15, provides details on functionality status of water sources at functional health centres, (1,328 /1,776) per governorate.

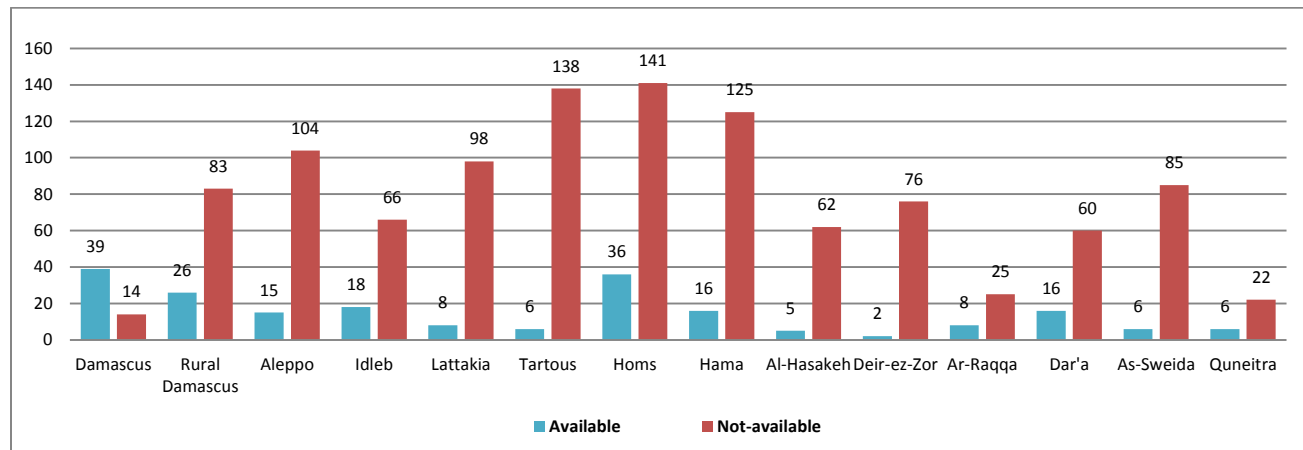
**Figure 15: Functionality status of the water sources at health centres per governorate, 4<sup>th</sup> Quarter 2014**



## 4.2 Availability of Generators

Electricity generators turned to be highly demanded with the current situation, where electricity power is widely disrupted and majority of public health centres are dependent on generators' power. Availability of electrical generators was measured at functional health centres [Figure 16].

**Figure 16: Availability of generators in the functional health centres, per governorate, 4<sup>th</sup> Quarter 2014**

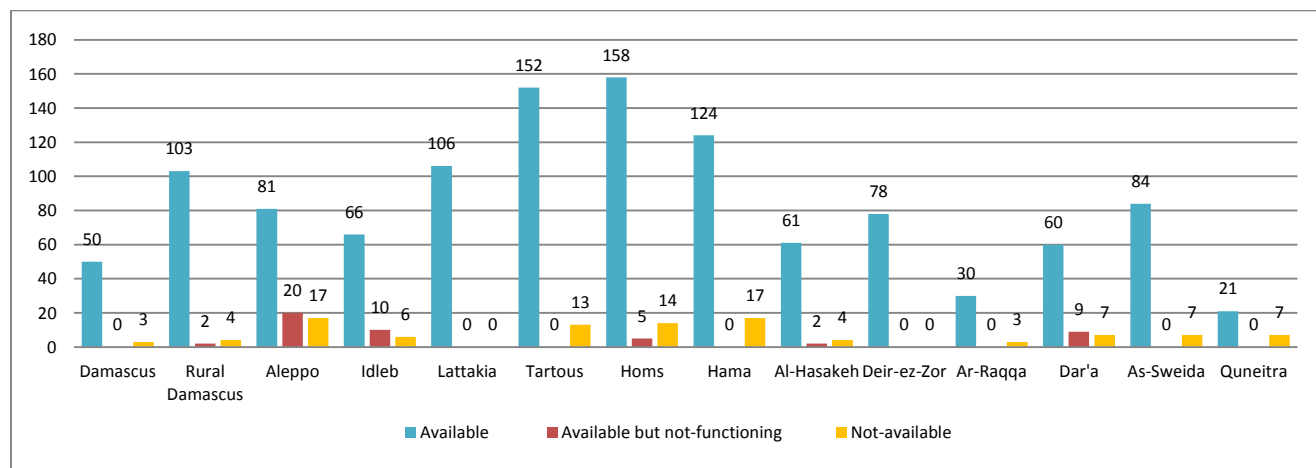


## 4.3 Availability of Refrigerators

Availability of refrigerators in health centres is measured through HeRAMS at three levels: available and functioning, available but not-functioning, or not-available. The summary figures of availability of refrigerators in functioning health centres are presented [Figure 17].

The health centres with gap on refrigerators, seek support of the area municipality, a nearby school, or a nearby house to store vaccines and medicines.

**Figure 17: Availability of refrigerators in the functional health centres, per governorate, 4<sup>th</sup> Quarter 2014**



## 5. Severity ranking of Health Situation

The severity ranking exercise was conducted during preparation of HNO (Humanitarian Needs Overview) to identify needs and priority areas of concern for the health sector to support planning of the SRP (Syrian Response Plan) 2015.

The main objective of severity ranking of health situation is to highlight areas of priority/ concern, and support evidence-based planning, coordination of response, and focused geographical health care interventions (e.g., delivery of humanitarian assistance, service provision, capacity building, etc).

WHO and health sector partners conducted several meetings to review a standard template of severity ranking topics and scales provided by OCHA. Following those meetings, and based on available data, it was agreed to use two key indicators of HeRAMS for severity ranking; accessibility and functionality status of health facilities.

**The following steps were conducted to analyse the severity ranking, at sub-district level:**

1. Two key indicators of HeRAMS were considered: accessibility and functionality status of the health centres, and additional public hospitals [MoH & MoHE].
2. The data of health facilities' accessibility and functionality status of the 4<sup>th</sup> Quarter 2014, were compiled, and weighing scale was assigned, as below:

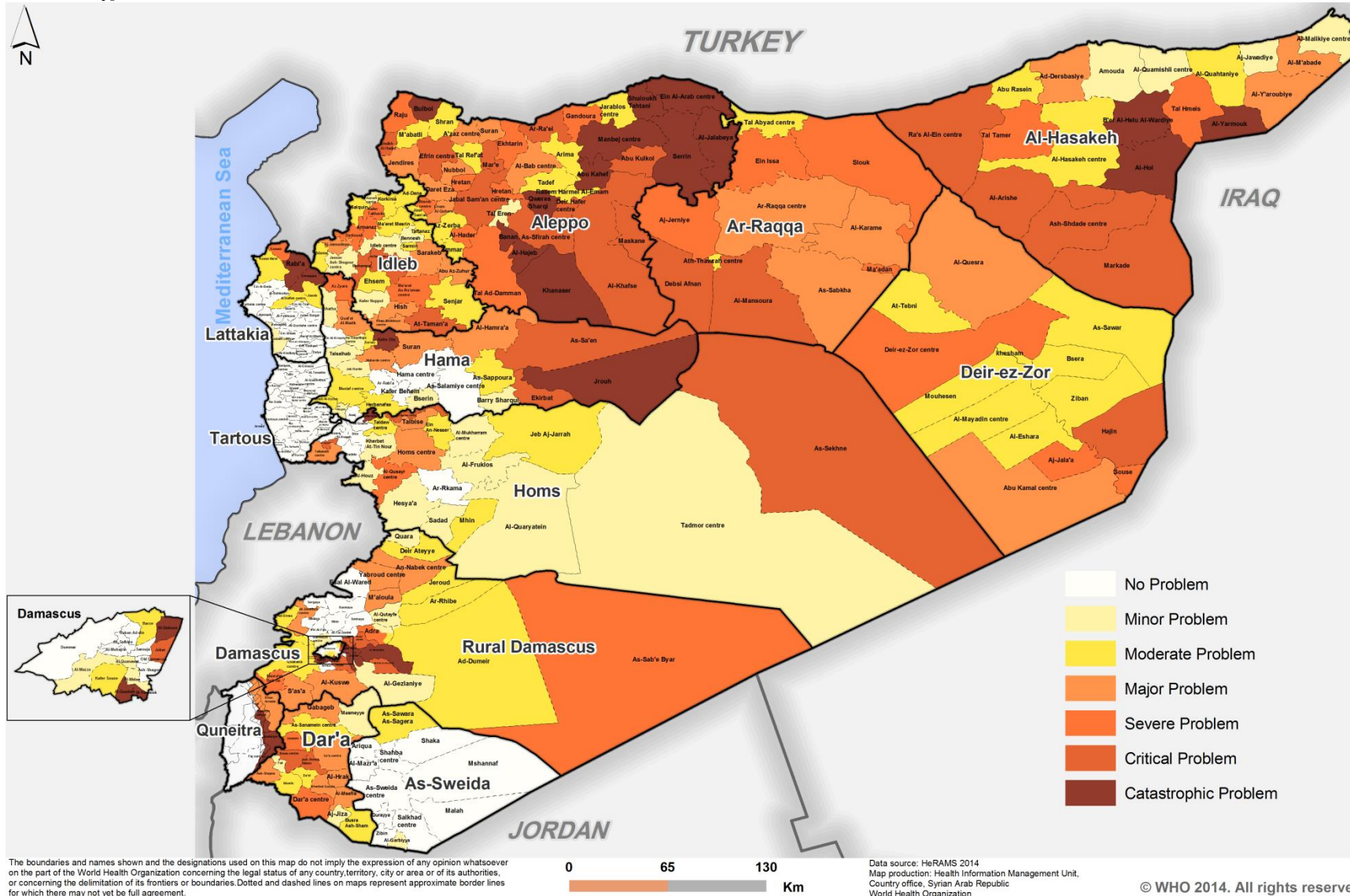
Functionality Status	Mark	Accessibility	Mark
Fully functioning	0	Accessible	0
Partially functioning	3	Hard to access	3
Not functioning	6	Inaccessible	6

3. At a health facility level, scores of indicators were calculated, based on the above scale.
4. At a sub-district level, total scores were calculated and divided by number of health facilities in the sub-district.
5. Based on a scale of 0 to 6, situation of sub-districts was ranked, as follows

Catastrophic Problem	6
Critical Problem	5
Severe Problem	4
Major Problem	3
Moderate Problem	2
Minor Problem	1
No Problem	0

6. Severity ranking map has been produced for health facilities situation, at sub-district level [Map 4].

**Map 4: Severity ranking of health facilities [public hospitals and centres] situation at sub-district level, based on two indicators [functionality and accessibility], Dec 2014**



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

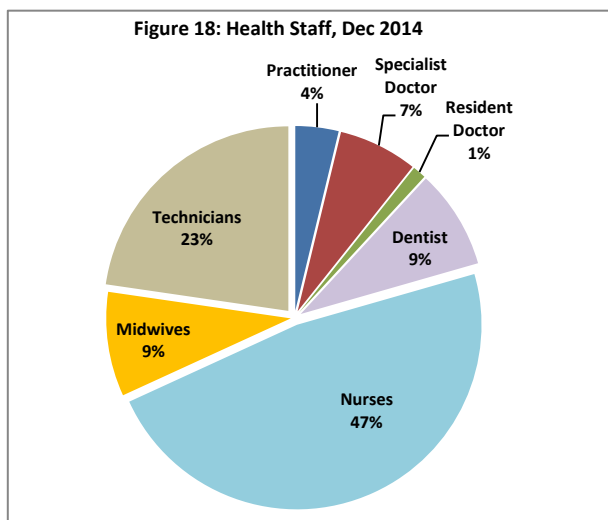
## 6. Availability of Health Human Resources

Availability of health human resources has been analyzed across functional health centres considering different staffing categories.

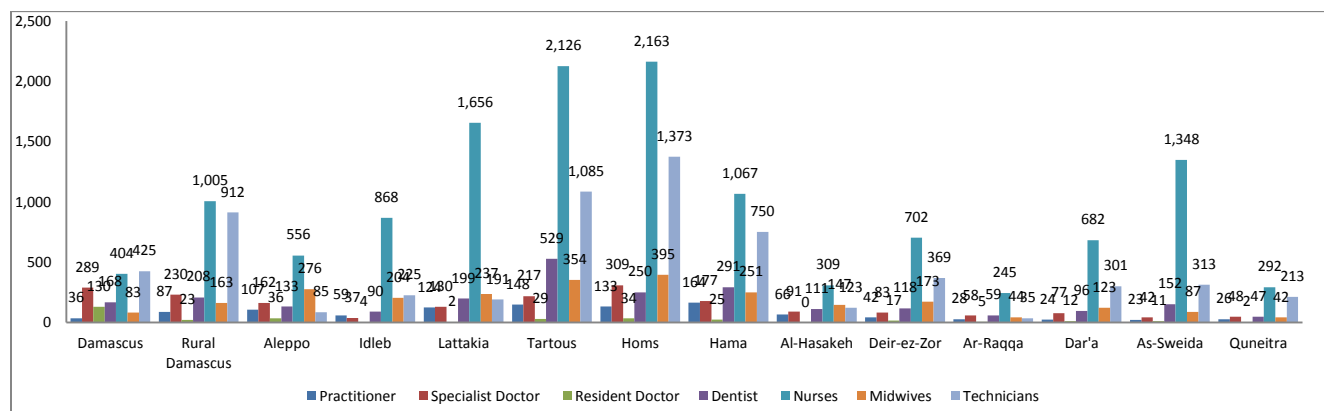
By end of the 4<sup>th</sup> Quarter 2014, the proportions of different categories of health staff, among the total functional (fully and partially) health centres (1,328 /1,776), remained almost the same as 3<sup>rd</sup> Quarter 2014.

The resident doctors represented 1% of total health staff at centres' level, followed by general practitioners (4%); specialists (7%); dentists (9%); midwives (9%); technicians (23%); and nurses (47%), [Figure 18]. The **Distribution** of the total health staff (by end of 2014) at health centres per governorate is shown in [Figure 19].

In comparison to the 3<sup>rd</sup> Quarter 2014, a slight fluctuation of health staff's numbers was observed in some governorates (such as Aleppo, Rural Damascus, Homs, Hama and Dar'a), and it was due to human resources mobilization in response to urgent humanitarian needs and staff gaps.

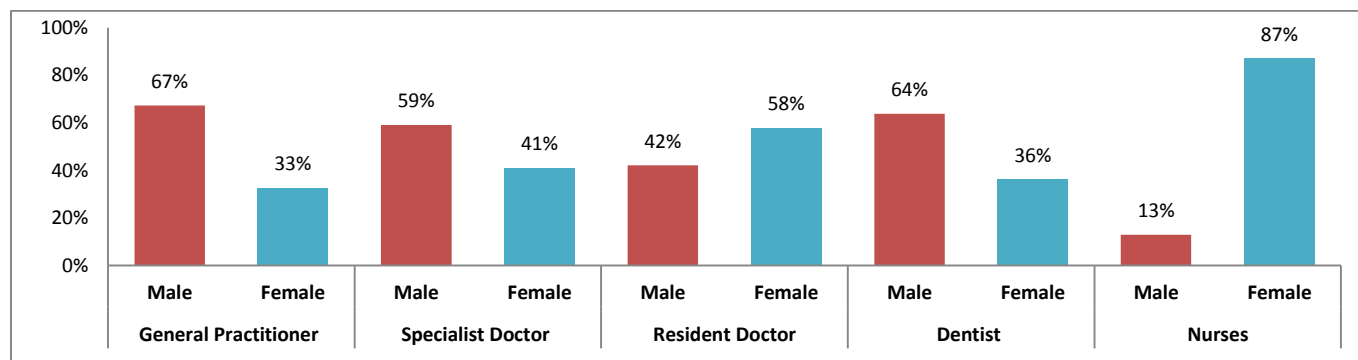


**Figure 19: Distribution of total health staff at health centres per governorate, Dec 2014**



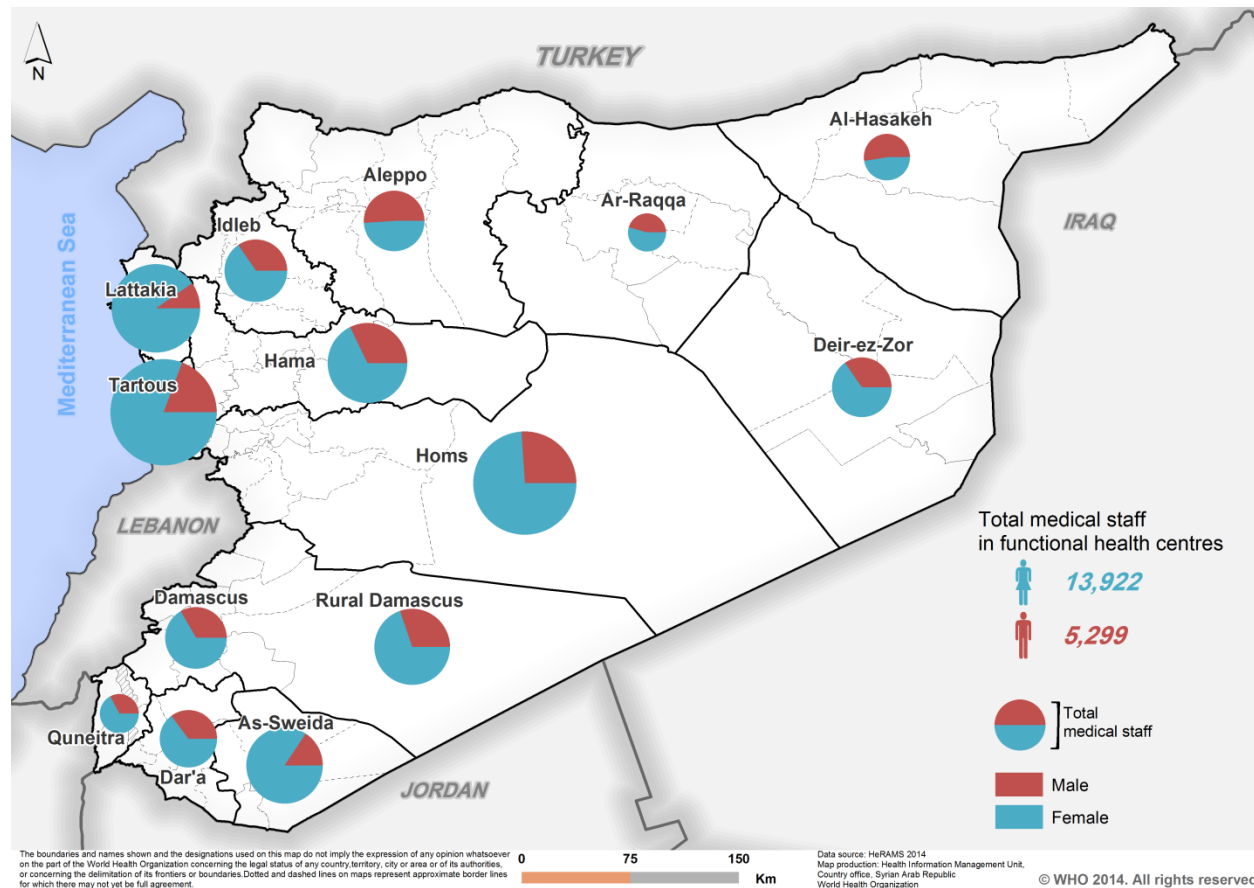
**Overall proportion of Male to Female staff by category, across functional health centres national wide** is presented in [Figure 20].

**Figure 20: Proportion of Male to Female medical staff per category, Dec 2014**



The proportion of male to female medical staff [a total of general practitioner, specialist, resident doctor, and dentist] per governorate, by end of 2014, is shown at Map 5.

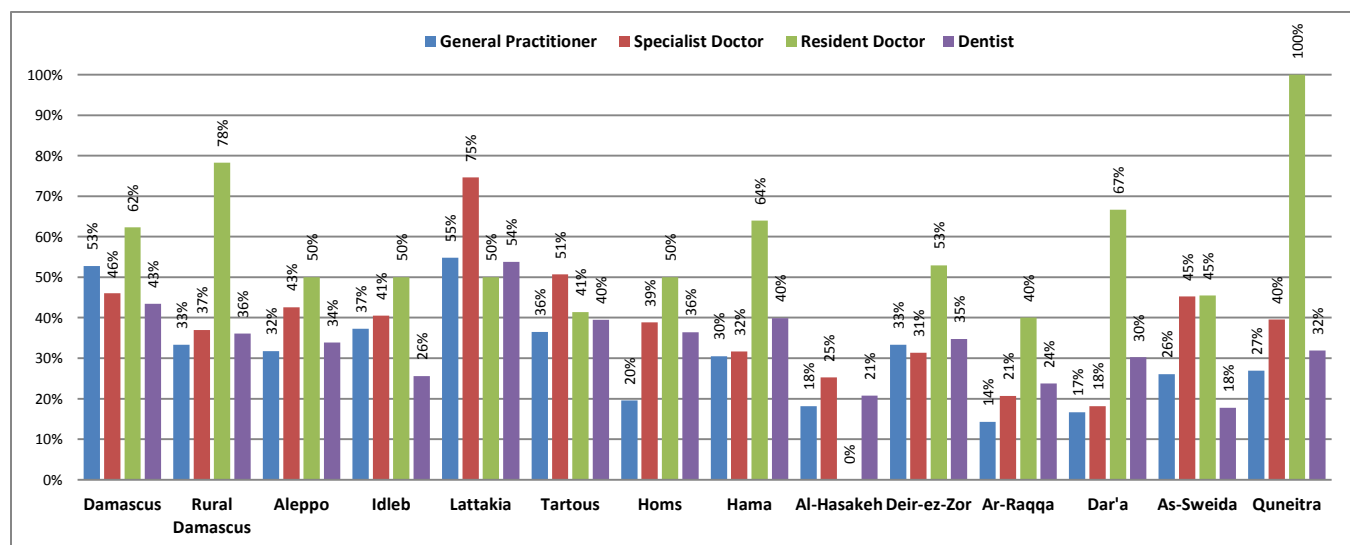
**Map 5: Proportion of male to female medical staff [a total of general practitioner, specialist, resident doctor, dentist] per governorate, Dec 2014**



The distribution of percent of female medical staff out of the total medical doctors (including: general practitioner, specialist, resident doctor, dentist) at governorate level, is presented in [Figure 21].

In Quneirta there are only two female resident doctors. In Dar'a there are 8 to 4, female to male resident doctors respectively, while in Al-Hasakeh no resident doctors (male or female).

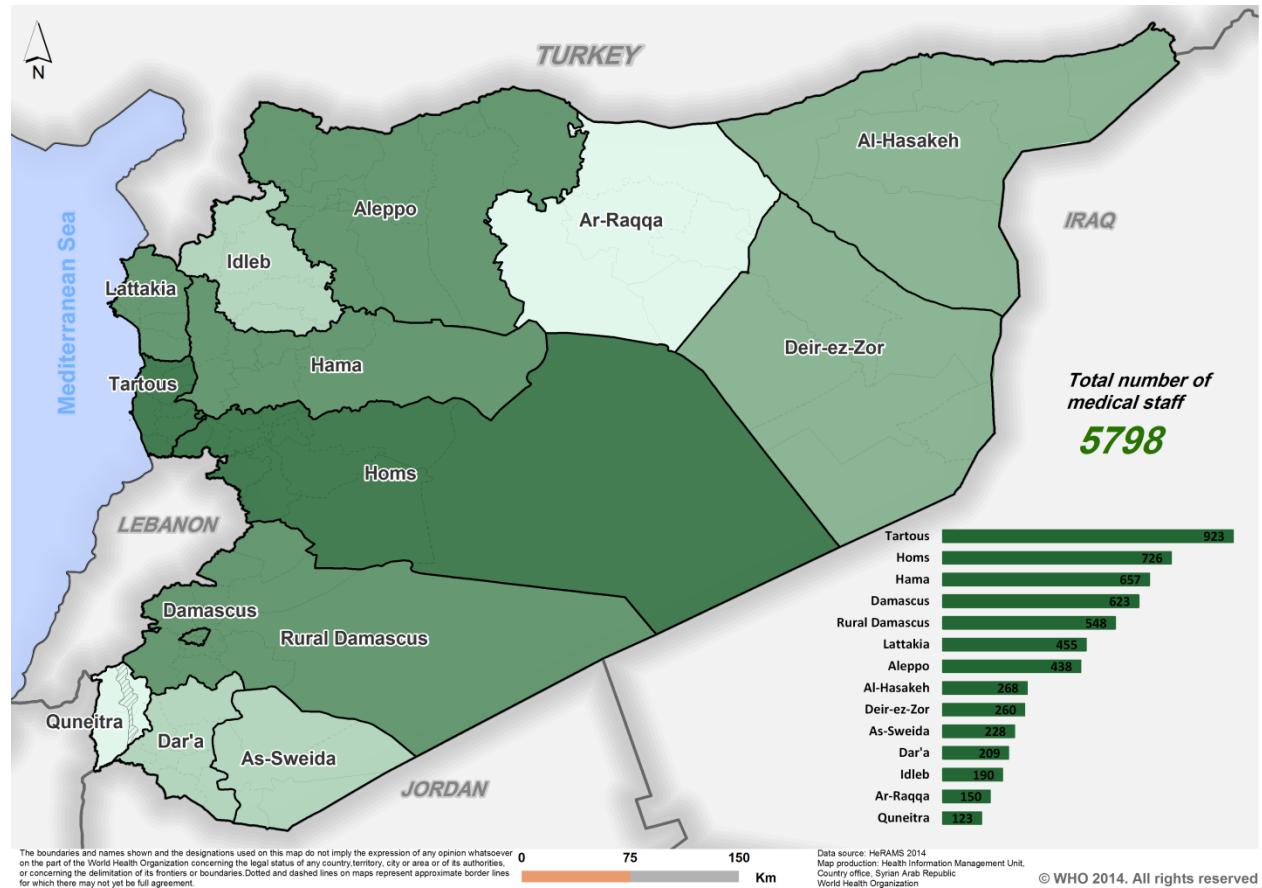
**Figure 21: The percent of female out of the total medical doctors, at governorate level**





The distribution of medical staff [a total of general practitioner, specialist, resident doctor, dentist], in functional health centres per governorate is presented in Map 6. The highest density of medical staff is observed in Tartous [total functional centres is 165], followed by Homs [total functional centres is 177], and Lattakia [total functional centres is 106].

**Map 6: Distribution of medical staff [a total of general practitioner, specialist, resident doctor, dentist] per governorate, Dec 2014**



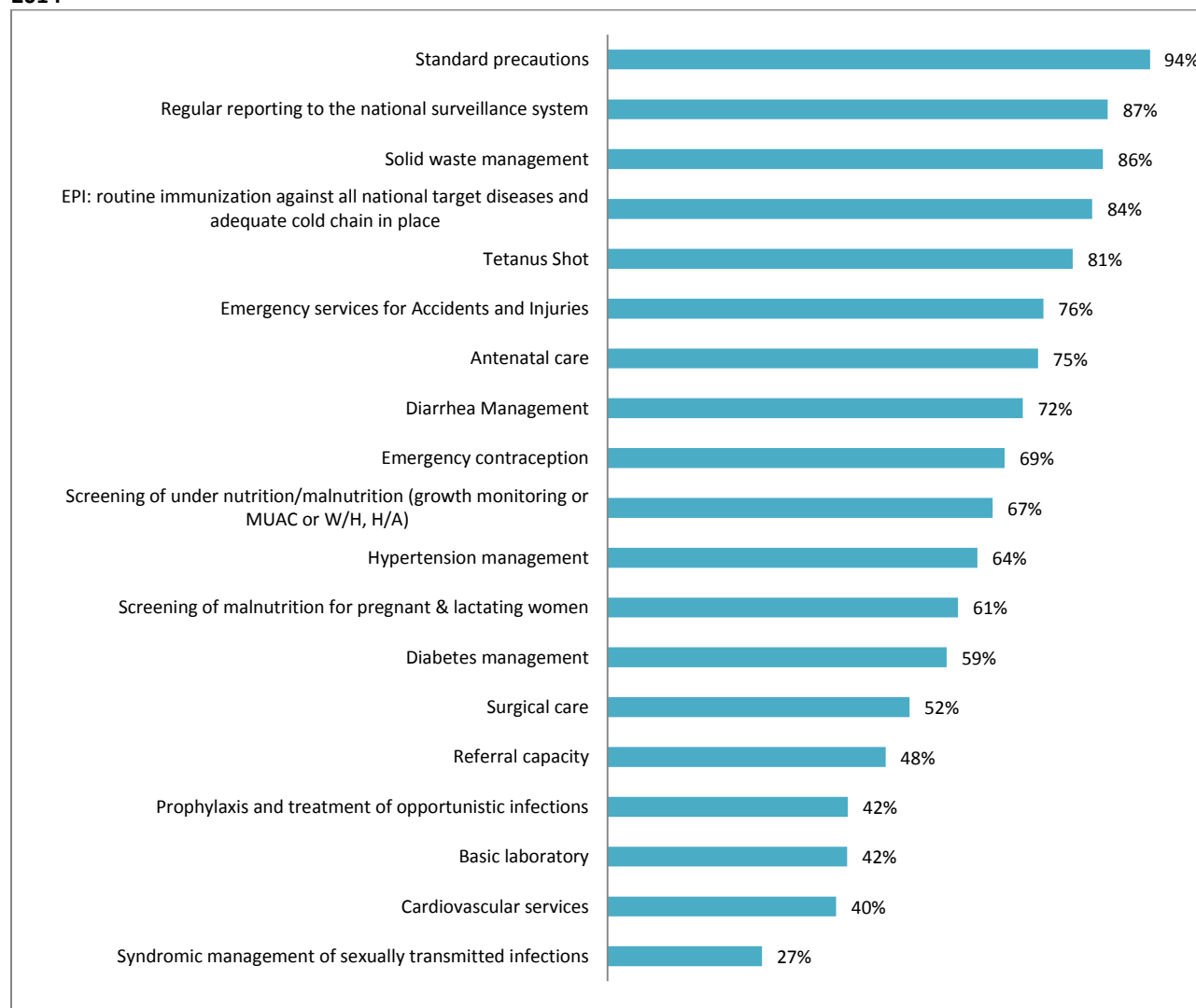
## 7. Availability of Health Services

The availability of core health services is monitored through HeRAMS at a health centre's level, considering a standard list of health services, as follows:

- ◆ General Clinical and Emergency Services,
- ◆ Child Health: EPI, screening of MUAC, and Diarrhea management,
- ◆ Nutrition: screening of malnutrition for pregnant and lactating women,
- ◆ Sexual & Reproductive Health: Syndromic management of sexually transmitted infections, Antenatal care, Emergency contraception,
- ◆ Non-communicable Diseases: Surgical care, Cardiovascular services, Hypertension management, Diabetes management,
- ◆ Mental health care

Figure 22 shows the percentage of availability of health services across all functional (fully and partially) health centres (1,328 /1,776).

**Figure 22: Percentage of availability of health services, across all public functional health centres, 4<sup>th</sup> Quarter 2014**



\*\*Detailed information on availability and utilization of services per governorate is available in HeRAMS Database.

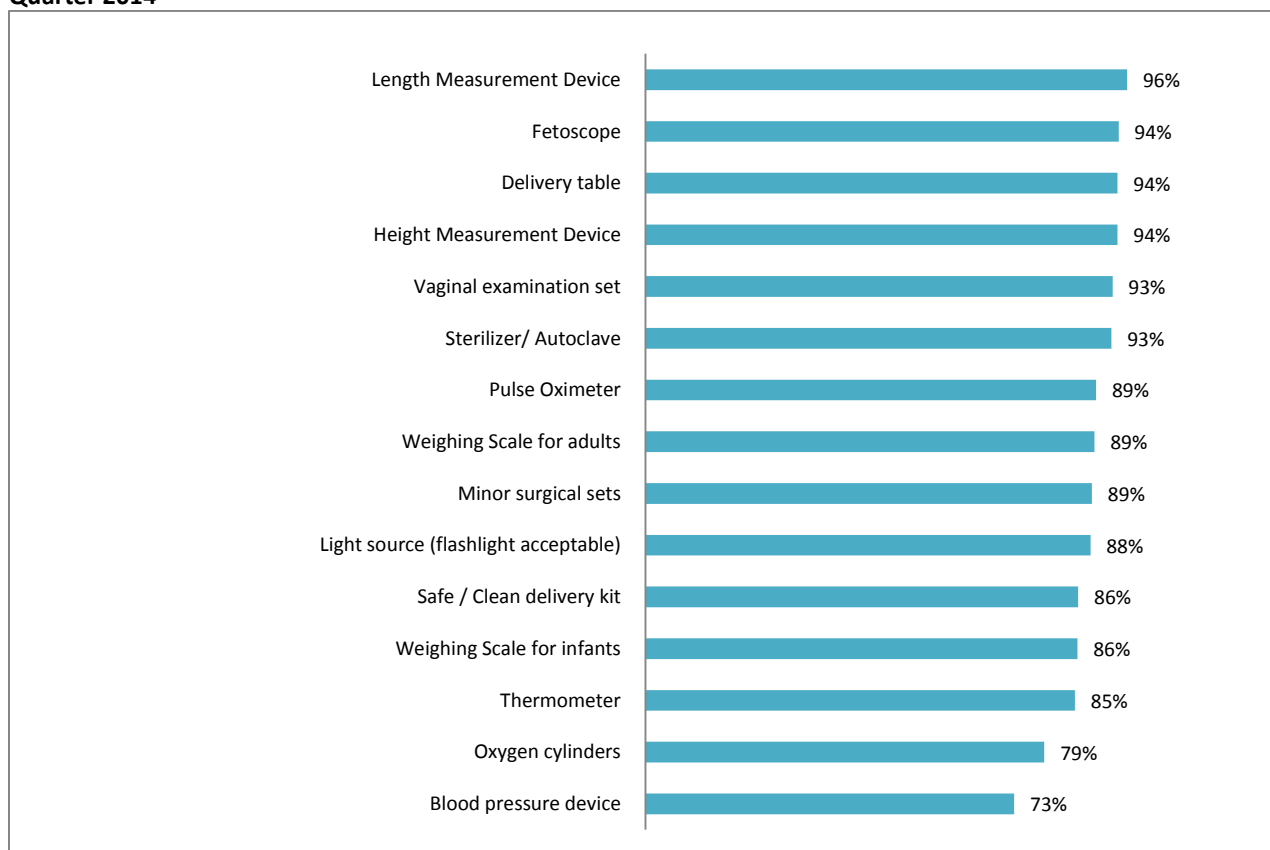
## 8. Availability of Medical Equipment

The availability of different types of essential equipment has been assessed at health centre's level, based on a standard checklist<sup>1</sup>.

Analysis of availability of essential equipment has been measured across all functional (fully and partially) health centres (1,328 /1,776) in terms of functional equipment out of the total available equipment in the health centre, which provide good indication for the readiness of the health centres to provide the health services, compared to the situation prior to the crisis.

Gaps were observed, even within the functional health centres [Figure 23].

**Figure 23: Percentage of functional equipment/ total available equipment in functional health centres, 4<sup>th</sup> Quarter 2014**

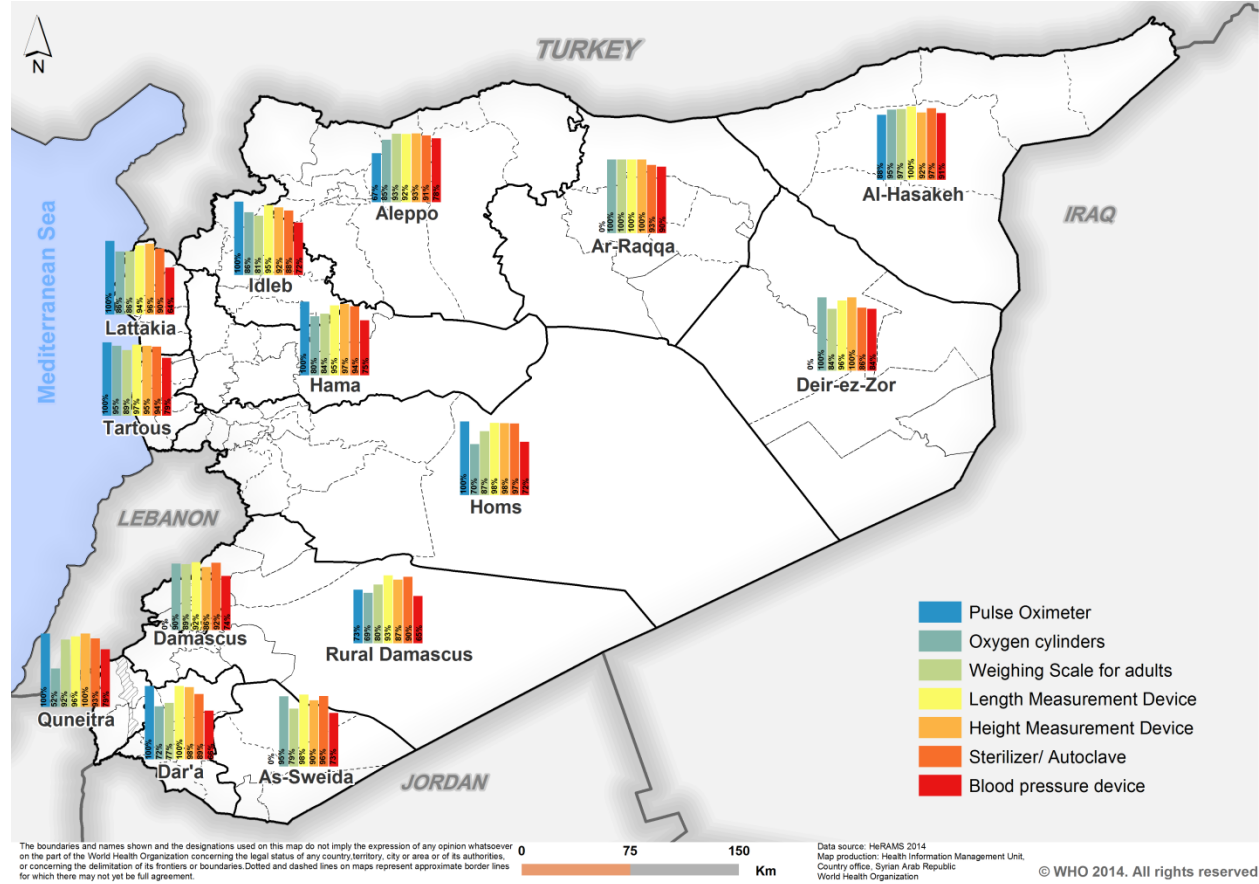


\*\*\*More details on availability of essential equipment at a health centre level are available in HeRAMS Database.

The availability of functional essential equipment at health centres is visualized on [Map 7], summarized at governorate level, which could be considered as good indication for more focused planning for procurement of equipment to fill-in gaps.

<sup>1</sup> A detailed list of availability of essential equipment is available upon request.

**Map 7: Percentage of functional equipment/ total available equipment in functioning health centres, 4<sup>th</sup> Quarter 2014**



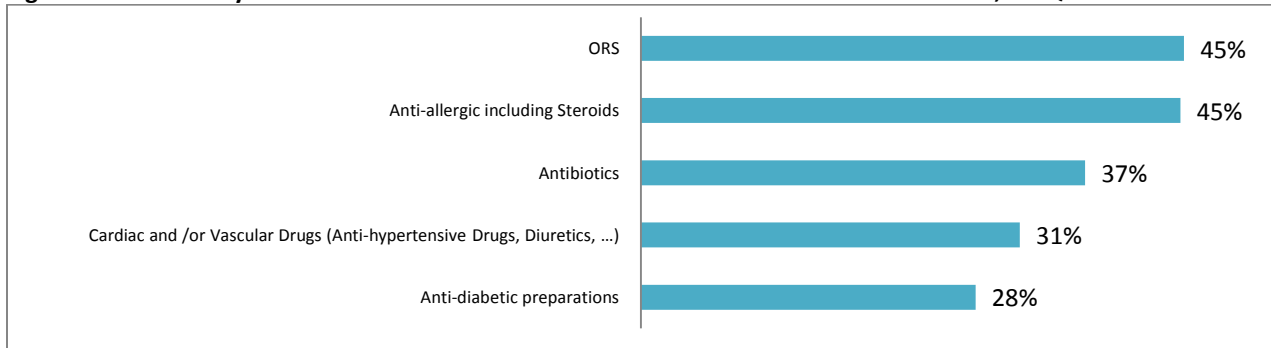
Of note: 0% of pulse oximeter indicates non-availability in the health centres

## 9. Availability of Priority Medicines

Availability of medicines and consumables at health centres' level has been evaluated based on a standard list of identified priority medicines (driven from the national Essential Medicine List), and medical supplies for duration of one month.

Gaps of medicines and consumables are observed even within the functional health centres; 72% gap of Anti-diabetic preparations, 69% of Cardiac and /or Vascular Drugs, 63% of Antibiotics, 55% of Anti-allergic including Steroids, and 55% of ORS [Figure 24].

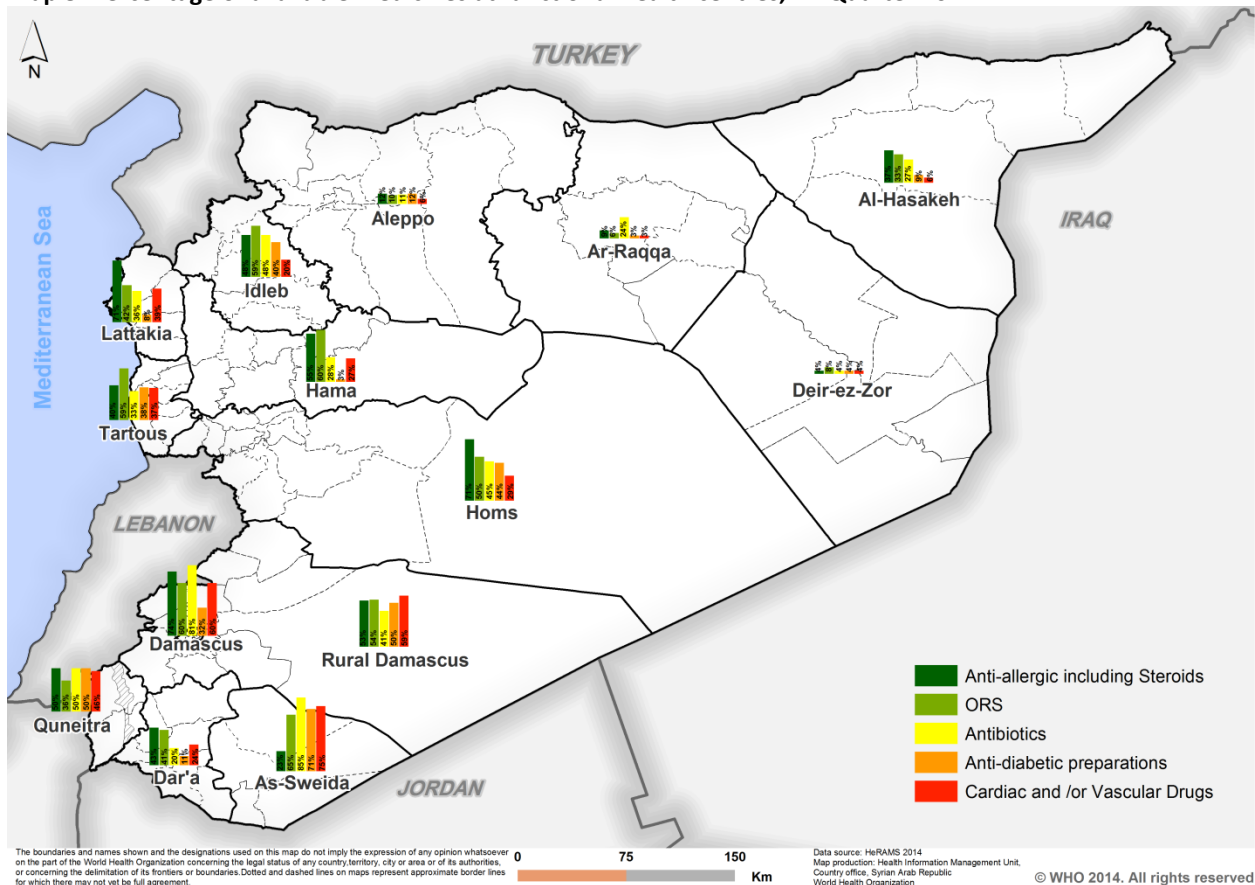
**Figure 24: Availability of medicines and medical consumables at functional health centres, 4<sup>th</sup> Quarter 2014**



\*\*More details on availability of medicines and consumables at a health centre level are available in HeRAMS Database.

Percentages of available medicines in functioning health centres by end of 4<sup>th</sup> Quarter 2014, at governorate level, are presented in Map 8.

**Map 8: Percentage of available medicines at functional health centres, 4<sup>th</sup> Quarter 2014**



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